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CONFIRMATION NO. 9276

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/816,037	<b>FILING OR 371(c) DATE</b> 04/01/2004 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> M160 1010.3
<b>APPLICANTS</b> Joan Tibor, Waycross, GA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/335,649 06/18/1999 PAT 6,728,397 which claims benefit of 60/089,959 06/19/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 06/16/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 33
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> Womble Carlyle Sandridge & Rice, PLLC P.O. Box 7037 Atlanta, GA30357-0037				
<b>TITLE</b> ELECTRONIC TRANSACTION VERIFICATION SYSTEM				
<b>FILING FEE RECEIVED</b> 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	